

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061841

FILED
Apr 21, 2005
Secretary of State

Entity Name: INTERNATIONAL BUSINESS COLLEGE OF AMERICA, INC.

Current Principal Place of Business:

191 GREENFIELD RD
WINTER HAVEN, FL 33884

New Principal Place of Business:

851 CHALET SUZANNE ROAD
LAKE WALES, FL 33859

Current Mailing Address:

191 GREENFIELD RD
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 20-1035101 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WISEMAN, TIMOTHY R
191 GREENFIELD RD
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WISEMAN, PATRICIA D
Address: 191 GREENFIELD RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: WISEMAN, NOAMI C
Address: 210 S LAKESHORE DR
City-St-Zip: WINTER HAVEN, FL 33859

Title: () Delete
Name: () Delete
Address: () Delete
City-St-Zip: () Delete

Title: () Delete
Name: () Delete
Address: () Delete
City-St-Zip: () Delete

Title: () Delete
Name: () Delete
Address: () Delete
City-St-Zip: () Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: WISEMAN, PATRICIA D
Address: 191 GREENFIELD RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change () Addition
Name: WISEMAN, NAOMI C
Address: 210 S LAKESHORE DR
City-St-Zip: LAKE WALES, FL 33859

Title: DP () Change (X) Addition
Name: WISEMAN, TIMOTHY R
Address: 191 GREENFIELD RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: DVP () Change (X) Addition
Name: SCHWARZE, JOHN A
Address: 202 LA CASA
City-St-Zip: LAKE WALES, FL 33898

Title: D () Change (X) Addition
Name: ERICSSON, LISA
Address: BOX 4088
City-St-Zip: 891 04 ORNSKOLDVIK, SW SWEDEN

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY R. WISEMAN

DP

04/21/2005

Electronic Signature of Signing Officer or Director

Date